



5th March 2018

Dear Parents and Caregivers,

This term the students in Year 6 will be learning about Democracy and the systems of Government within Australia. As discussed at the Parent Information Night, we will be participating in an Educational Field Trip to Canberra for 3 days/2 nights leaving on Wednesday 9th May and returning Friday 11th May. Please note the change in this years timings for departure and arrival. All students must be at school on Wednesday 9th May, by **6:30am** and we have an anticipated return time, on Friday 11th May, of **7:15pm**.

We will be visiting Parliament House, the Australian War Memorial, Questacon, Australian Institute of Sport, Electoral Education Centre, National Gallery and the National Museum.

The cost of the excursion includes our coach travel, accommodation at Gold Creek Tourist Resort, most meals (except morning tea and lunch on Day 1) and entry to the sites mentioned above. The cost has been included in the Year 6 school fees statement which have already been issued to each family.

Students will need to bring a small amount of money (\$10) to purchase afternoon tea at McDonald's on the way home on Day 3. They will also be allowed to bring \$20 to spend on a souvenir at one of the venues (time permitting).

As this excursion is a vital element of the learning that will occur within our unit of work, it is an expectation that all children will attend. The success of this trip depends upon everyone respecting all students and staff to ensure that the safety and learning opportunities are of benefit to all.

A note will be sent home shortly that details our itinerary and outlines suitable items to pack.

Please complete the following forms that include a permission and confidential medical information and return them to school by Monday 19th March. Any changes to the medical needs can be made up to the morning of departure. All medications though need a detailed explanation for administration. If you have any questions or concerns regarding the trip, please do not hesitate to contact us at school.

Miss Rebecca Boidin, Miss Belinda Kirkness and Mr Benjamin Kroon  
**YEAR 6 TEACHERS**

## CONFIDENTIAL MEDICAL INFORMATION NOTE

Please complete the details below to assist us in case of any eventuality with your child at camp. All information is held in confidence and the form is destroyed after the camp.

**Please complete as accurately as possible.**

CHILD'S NAME: \_\_\_\_\_

PARENT'S ADDRESS: \_\_\_\_\_

POSTCODE: \_\_\_\_\_

TELEPHONE: Home: \_\_\_\_\_

Business: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ Phone No: \_\_\_\_\_

MEDICAL FUND: \_\_\_\_\_ NUMBER: \_\_\_\_\_

MEDICARE CARD NUMBER: \_\_\_\_\_

NAME OF CHILD'S DOCTOR: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

### PLEASE TICK IF YOUR CHILD SUFFERS ANY OF THE FOLLOWING:

Bed Wetting       Fits of any type       Migraine       Dizzy Spells       Asthma   
Heart Condition       Sleepwalking       Blackouts       Travel Sickness       Other

If "Other" please state: \_\_\_\_\_

ALLERGIES: Penicillin: \_\_\_\_\_ Any Foods: \_\_\_\_\_

Drugs: \_\_\_\_\_ Other: \_\_\_\_\_

What special care is required? \_\_\_\_\_

Last Tetanus Immunisation was? \_\_\_\_\_

If over 10 years since last Immunisation, please tick if booster is to be arranged by parents before camp

Booster Date: \_\_\_\_\_

Any special dietary requirements: \_\_\_\_\_

Is this the first time your child has been away from home?      YES / NO

I authorise the teacher in charge of the excursion, where it is impossible to contact me, to consent to the child receiving such medical or surgical treatment as is deemed necessary.

**Will your child be taking any medication whilst on the Canberra Learning Experience YES / NO**

If **YES**, please collect and complete a temporary medication form available from the office. This does not include asthma reliever medication.

All medication must be handed to the student's Class teacher (in a plastic bag labelled with child's name) prior to leaving for camp. Asthma medication **MUST** be carried on the individual student at all times.

**PLEASE DO NOT ALLOW CHILDREN TO BE IN POSSESSION OF ANY MEDICINE WHILST ON CAMP.**

Parent/Guardian name : \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_